

CTS NO. \_\_\_\_\_  
REGIONAL NO. \_\_\_\_\_  
CATEG. CODE: \_\_\_\_\_

### Consumer Complaint Form

1. Please be sure to complain to the company or individual before filing.
2. Please type or print clearly in dark ink.
3. Incomplete or unclear forms will be returned to you.
4. Make sure you enclose copies of important papers concerning your transaction.

### Consumer

Name: \_\_\_\_\_ Senior Citizen? ☐ Yes ☐ No  
Day Telephone: \_\_\_\_\_ Night Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Complaint

Name of Seller or Provider of Services: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Name of Other Seller or Provider of Services: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_ Cost of Product: \_\_\_\_\_ How Paid: \_\_\_\_\_

Did you sign a contract? ☐ Yes ☐ No Where? \_\_\_\_\_ Date: \_\_\_\_\_

Was product or service advertised? ☐ Yes ☐ No Where? \_\_\_\_\_ Date: \_\_\_\_\_

Type of Complaint (e.g. car, mail order, etc.) please provide details on reverse side:

\_\_\_\_\_  
\_\_\_\_\_

Have you complained to the company or the individual? ☐ Yes ☐ No Date: \_\_\_\_\_

How? ☐ By Phone ☐ By Mail ☐ In Person ☐ Other \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Job Title: \_\_\_\_\_

Nature of Response: \_\_\_\_\_ Date: \_\_\_\_\_

Has matter been submitted to another agency or attorney? ☐ Yes ☐ No

If yes, give name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is court action pending? ☐ Yes ☐ No

**Fill out a complaint if about a motor vehicle or appliance**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Mileage: \_\_\_\_\_ Purchased: ☐ New ☐ Used Sold: ☐ With Warranty ☐ As Is

Briefly describe your complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What form of relief are you seeking (e.g. exchange, repair, refund, etc.)? \_\_\_\_\_

Who referred you to this office? \_\_\_\_\_

**READ THE FOLLOWING BEFORE SIGNING BELOW.**

**PLEASE ATTACH TO THIS FORM PHOTOCOPIES** of any papers involved (contracts, warranties, bills received, canceled checks - front and back, correspondence, etc.) **DO NOT SEND ORIGINALS.**

In order to resolve your complaint we may send a copy of this form to the person or firm you are complaining about.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objections to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Have you enclosed copies of important papers?**

Return to: **Office of the Attorney General Lisa Madigan  
Consumer Protection Division  
500 South Second Street  
Springfield, IL 62706  
217/782-1090 or 800/243-0618**